Image# 12952140833 PAGE 1 / 5

FEC FORM 1			TATEN RGAN									Offi	ice Use	e Only			
1. NAME OF COMMITTEE (in	n full)	,	Check if nam changed)	ne	Example over the			/ре	1:	2FE	4M5	5]			
U.S. Banco	orp Pol	itical	Partic	ipatio	on P	rogi	ram)									
											ı						
ADDRESS (number a		1120 Cor	necticut Ave	enue NW													
(Check if ad		Suite 720)2														
is changed)		Washing	ton						٢	C		2003	36-				
				CIT	ΓΥ				ST	ATE			Z	ZIP C	ODE		
COMMITTEE'S E-MA (Check if is change	address	•	provide only acmillan@us			ss)	1 1	1 1	<u> </u>			1 1					
COMMITTEE'S WEB	PAGE ADDR	RESS (UF	RL)							'							
(Check if is changed																	
2. DATE 06	6 19	/ Y	2012														
3. FEC IDENTIFIC	CATION NUM	1BER	(C000)18036		_										
4. IS THIS STATE	MENT X	NEW	(N) C	R		AMEI	NDED	(A)									
I certify that I have e	examined this	Stateme	nt and to the	e best of	my kno	wledge	and b	belief i	t is tr	ue, c	orrec	t and	comp	lete.			
Type or Print Name	of Treasurer	Kevin M	acMillan														
Signature of Treasure	Kevin Mad er	cMillan			[E	lectroni	cally F	iled]	Date	Э	м 06	M /	19	D /	Y	2012	2
NOTE: Submission of			omplete inforn										oenalti	es of	2 U.S	.C. §	437g.
Office					For	r further	rinform	nation (contac	t:						4	

	Office Use Only				For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 02/2009)
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	EEC Ec	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	raye Z
Car	ndidate	Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate
Nam Can	e of didate		
	didate y Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Can	e of didate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)	\times	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nnected organization is a:
		X Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate so committee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	nt Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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FEC Form 1 (Revised	02/2009)		Page 3
Write or Type Committee Nan	ne		
U.S. Bancorp F	Political Participation P	'rogram	
6. Name of Any Connected	Organization, Affiliated Committee, Joint	Fundraising Representative, or I	Leadership PAC Sponsor
U.S. Bancorp Federa	I Political Action Committee		
Mailing Address	1120 Connecticut Avenue NW		
ag / taar ooc	Suite 7202		
	Washington	DC 2	20036-
	CITY	STATE	ZIP CODE
Relationship: Connect	ed Organization X Affiliated Committee	Joint Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records: Idea books and records. 	entify by name, address (phone number o	ptional) and position of the perso	n in possession of committee
Carolyn I	Lowry		
Full Name	1120 Connecticut Ave NW		
Mailing Address	Suite 7202		
			20026 2002
	Washington		20036-3902
Title or Position	CITY	STATE	ZIP CODE
Custodian of Records		Telephone number 202	_ 663 _ 7672
Treasurer: List the name a any designated agent (e.g.,	nd address (phone number optional) of th assistant treasurer).	ue treasurer of the committee; and	I the name and address of
Full Name Kevin Ma	ıcMillan		
Mailing Address	1120 Connecticut Ave NW		
	Suite 7202		
	Washington	DC 2	20036-3902
Title on Decision	CITY	STATE	ZIP CODE
Title or Position Treasurer		Telephone number	- 663 - 7671

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Full Name of Designated Agent	Carolyn Lowry	
Mailing Address	1120 Connecticut Ave NW	
	Suite 7202	
	Washington DC 200	36-3902
	CITY STATE	ZIP CODE
Title or Position Assistant Treasu	surer	- 663 - 7672
Banks or Other safety deposit bo Name of Bank, D	r Depositories: List all banks or other depositories in which the committee deposits funds, oxes or maintains funds. Depository, etc.	holds accounts, rents
	U.S. Bank	
Mailing Address	P.O. Box 1800	
Mailing Address	P.O. Box 1800	
Mailing Address	P.O. Box 1800 Saint Paul MN 551	01
Mailing Address		01
	Saint Paul CITY STATE	
	Saint Paul CITY STATE	
Name of Bank, [Saint Paul CITY STATE Depository, etc.	
Name of Bank, [Saint Paul CITY STATE Depository, etc.	
Name of Bank, [Saint Paul CITY STATE Depository, etc.	
Mailing Address Name of Bank, E Mailing Address	Saint Paul CITY STATE Depository, etc.	

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1G (Revised 06/2011) Page 5 List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. Mailing Address CITY 🗖 ZIP CODE 🛕 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor U.S. Bancorp 800 Nicollet Mall Mailing Address BC-MN-H210 MN 55402-7000 Minneapolis **CITY** STATE 4 ZIP CODE Relationship: **Connected Organization** Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number